



GEORGIA MEDICAID FEE-FOR-SERVICE ANTIPARKINSON AGENTS PA SUMMARY

Preferred	Non-Preferred
Amantadine IR capsules generic Benzotropine generic Bromocriptine generic Carbidopa generic Carbidopa/levodopa generic Carbidopa/levodopa ER/SR generic Carbidopa/levodopa/entacapone generic Entacapone generic Pramipexole IR generic Ropinirole IR generic Selegiline capsules and tablets generic Tasmar (tolcapone) Trihexyphenidyl generic	Apokyn (apomorphine) Azilect (rasagiline) - <i>PA not required</i> Carbidopa/levodopa ODT generic Gocovri (amantadine ER) Inbrija (levodopa inhalation powder) Mirapex ER (pramipexole ER) Neupro (rotigotine transdermal system) Pramipexole ER generic Requip XL (ropinirole ER) Ropinirole ER generic Rytary (carbidopa-levodopa ER) Tolcapone generic Xadago (safinamide) Zelapar (selegiline ODT)

IR=immediate-release; ER=extended-release; ODT=orally disintegrating tablet

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- If ropinirole ER generic is approved, the PA will be issued for brand Requip XL.
- If pramipexole ER generic is approved, the PA will be issued for brand Mirapex ER.

PA CRITERIA:

Apokyn and Inbrija

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease (PD) who are who are currently taking levodopa/carbidopa-based therapy and are experiencing OFF episodes despite prescriber attempts to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms

AND

- ❖ Member must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least one medication from two of the following classes: dopamine agonists (pramipexole, ropinirole), catechol-o-methyl transferase (COMT) inhibitors (entacapone, tolcapone) and monoamine oxidase B (MAO-B) inhibitors (rasagiline, selegiline).

Carbidopa/Levodopa ODT Generic

- ❖ Approvable for members with a diagnosis of Parkinson's disease (PD) or parkinsonism who are unable to swallow solid oral dosage formulations of medication.

Gocovri

- ❖ Approvable for members 18 years of age or older with a diagnosis of dyskinesia associated with Parkinson's disease (PD) who are currently taking levodopa-based therapy and have



tried a maximum tolerated dose of amantadine immediate-release (up to 400 mg/day) and are still experiencing dyskinesia.

Mirapex ER

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic pramipexole immediate-release tablets, is not appropriate for the member.

Neupro

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease (PD) or moderate to severe restless legs syndrome (RLS) who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to pramipexole and ropinirole or who are unable to swallow solid oral dosage formulations of medication (tablets/capsules).

Pramipexole ER Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic pramipexole immediate-release tablets, as well as brand Mirapex ER are not appropriate for the member.

Requip XL

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ropinirole immediate-release tablets, is not appropriate for the member.

Ropinirole ER Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ropinirole immediate-release tablets, as well as brand Requip XL are not appropriate for the member.

Rytary

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic carbidopa/levodopa ER/SR, is not appropriate for the member.

Tolcapone

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Tasmar, is not appropriate for the member.

Xadago

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease (PD) who are currently taking levodopa/carbidopa-based therapy and are experiencing a deterioration in response to therapy

AND

- ❖ Member must have experienced an inadequate response with selegiline or rasagiline and entacapone-based therapy or tolcapone or who have experienced allergies, contraindications, drug-drug interactions or intolerable side effects to selegiline, rasagiline, entacapone and tolcapone.



Zelapar

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease who are currently taking levodopa/carbidopa-based therapy and are experiencing a deterioration in response to therapy

AND

- ❖ Member must be unable to swallow solid oral dosage formulations of medication (tablets/capsules). Otherwise, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic selegiline, is not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.